

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled *LINEARLY POLARIZED FIBER-OPTIC LASER*, which is described and claimed in

- ☒ the attached specification.
☐ the specification in application Serial No. _____ filed on _____
 and amended on _____ (if applicable).
☐ international (PCT) application No. _____ filed on _____
 and as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed
<u>94 06215</u>	<u>France</u>	<u>20 May 1994</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is known to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT International filing date of this application.

<u> </u>	<u> </u>	<u> </u>
(Application Number)	(Filing Date)	(Status - Patented, Pending, Abandoned)
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(Application Number)	(Filing Date)	(Status - Patented, Pending, Abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: James E. Nilles, Reg. No. 16,663; Andrew J. Nilles, Reg. No. 31,786; James F. Boyle, Reg. No. 33,653; Timothy E. Newholm, Reg. No. 34,400; John J. Bruckner, Reg. No. 35,816.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): **Jean-Francois BAYON**

Inventor's signature: _____ Date: _____

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DECLARATION FOR PATENT APPLICATION

Inventors: Jean-Francois BAYON, Pascal BERNAGE, and Marc DOUAY

Title: *LINEARLY POLARIZED FIBER-OPTIC LASER*

Full name of second joint inventor, if any (given name, family name): Pascal BERNAGE

Inventor's signature: _____ Date: _____

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Full name of third joint inventor, if any (given name, family name): Marc DOUAY

Inventor's signature _____ Date _____

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